

Trauma Center Designation Criteria (23-01.2-03)

Levels IV and V

E = Essential

D = Desirable

TRAUMA PROGRAM / SYSTEM (33-38-01-02)

- | | |
|---|---|
| <input type="checkbox"/> Trauma program (ACS 1.1) | E |
| <input type="checkbox"/> Trauma team (33-38-01-13) | E |
| <input type="checkbox"/> Surgical Department (ACS 2.1) | D |
| <input type="checkbox"/> Anesthesia Services (ACS 11.1) | D |
| <input type="checkbox"/> Helicopter landing sites (ACS 3.4) | D |
| <input type="checkbox"/> EMS communication (two-way communication with EMS) (ACS 3.1) | E |

HOSPITAL PERSONNEL

- | | |
|--|---|
| <input type="checkbox"/> Trauma coordinator (ACS 5.8) | E |
| <input type="checkbox"/> Performance Improvement personnel (ACS 5.10) | E |
| <input type="checkbox"/> Designated Trauma Medical Director (ACS 5.3) | E |
| <input type="checkbox"/> Trauma team leader (Physician, Nurse Practitioner or Physician Assistant as noted below) on-call and on-site within 20 minutes 24 hours per day (33-38-01-13) | E |

TRAUMA POLICY / GUIDELINES

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|---|---|
| <input type="checkbox"/> Trauma code activation protocols (33-38-01-04) | E |
| <input type="checkbox"/> Trauma team response (activation plan) (33-38-01-13) | E |
| <input type="checkbox"/> Phone contact with a higher level trauma center (ACS 4.1) | E |
| <input type="checkbox"/> Posted on call schedule for trauma team leader (ACS 2.5) | E |
| <input type="checkbox"/> Local emergency medical services transport plans (33-38-01-04) | E |
| <input type="checkbox"/> Disaster and Mass casualty protocols (ACS 20.1) | D |

CONTINUING EDUCATION

- | | |
|---|---|
| <input type="checkbox"/> Level IV – Physicians who have successfully completed and are current in ATLS (33-38-01-13) | E |
| <input type="checkbox"/> Level V – Physician or Nurse Practitioner/Physician Assistant who have successfully completed and are current in ATLS (33-38-01-14) | E |
| <input type="checkbox"/> Nursing personnel with trauma specific education who provide continual monitoring of the trauma patient (TNCC or ATCN) (ACS ch17) | D |
| <input type="checkbox"/> Pre-hospital personnel and allied health personnel have trauma specific education (ACS ch17) | D |

LABORATORY SERVICES

- | | |
|--|---|
| <input type="checkbox"/> Available 24 hours per day (ACS 11.9) | E |
| <input type="checkbox"/> Standard analysis of blood, urine, and other body fluids (ACS 11.9) | D |
| <input type="checkbox"/> Blood typing (ACS 11.9) | D |
| <input type="checkbox"/> Comprehensive blood bank or access to blood bank (ACS 11.9) | D |
| <input type="checkbox"/> Coagulation studies (PT/PTT) (ACS 11.9) | D |
| <input type="checkbox"/> Blood gases and pH determinations (ACS 11.9) | D |
| <input type="checkbox"/> Microbiology (ACS 11.9) | D |
| <input type="checkbox"/> Drug and alcohol screening (ACS ch 9) | D |
| <input type="checkbox"/> TXA (Tranexamic Acid) | D |

DIAGNOSTIC IMAGING

- | | |
|--|---|
| <input type="checkbox"/> X-ray availability, 24 hours per day (ACS 11.3) | E |
|--|---|

EQUIPMENT FOR RESUSCITATION OF PATIENTS OF ALL AGES SHALL INCLUDE BUT IS NOT LIMITED TO: (33-38-01-13 and 33-38-01-14)

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|--|---|
| <input type="checkbox"/> Airway control and ventilation equipment, including laryngoscopes, endotracheal tubes, bag-valve-mask, pocket masks and oxygen | E |
| <input type="checkbox"/> Pulse oximetry | E |
| <input type="checkbox"/> End-titile CO ₂ | E |
| <input type="checkbox"/> Suction devices | E |
| <input type="checkbox"/> Monitor-defibrillator | E |
| <input type="checkbox"/> Standard intravenous fluids and administration devices, including large-bore intravenous catheters and IO (intraosseous vascular access system) | E |
| <input type="checkbox"/> Gastric decompression | E |
| <input type="checkbox"/> Drugs necessary for emergency care | E |
| <input type="checkbox"/> Surgical sets for airway control, cricothyrotomy, chest decompression including 32 Fr chest tubes, drainage setup, and insertion tray | E |
| <input type="checkbox"/> Spinal immobilization | E |
| <input type="checkbox"/> Pediatric weight/length based drug dosage and equipment system | E |
| <input type="checkbox"/> Thermal control equipment for patients | E |
| <input type="checkbox"/> Thermal control equipment for blood/fluids | D |
| <input type="checkbox"/> Video Guidance – Glidescope, Rescue Scopes and / or King Vision | D |

PERFORMANCE IMPROVEMENT PROGRAM

- | | |
|---|---|
| <input type="checkbox"/> Trauma registry submission to state trauma program (33-38-01-08) | E |
| <input type="checkbox"/> Performance improvement program (23-01.2-01) | E |
| <input type="checkbox"/> Trauma Medical Director or Designated provider present at 50% of regional Performance Improvement Meetings (ACS 7.3) | E |
| <input type="checkbox"/> Focused audit of selected criteria and patient care of trauma cases (33-38-01-08) | E |
| <input type="checkbox"/> Review of hospital and pre-hospital trauma care (ACS 3.1) | E |
| <input type="checkbox"/> Morbidity and mortality review (33-38-01-08) | E |
| <input type="checkbox"/> Multidisciplinary committee to review trauma patients (ACS 5.2) | E |
| <input type="checkbox"/> The process demonstrates occurrence resolution (loop closure) (ACS 16.18) | E |
| <input type="checkbox"/> Level V- ATLS physician review of all trauma codes managed by a Nurse Practitioner or Physician Assistant within 72 hours (33-38-01-14) | E |
| <input type="checkbox"/> Participation in research projects | D |
| <input type="checkbox"/> Critical Skills verification (ACS 5.2) | D |

PREVENTION / PUBLIC EDUCATION

- | | |
|---|---|
| <input type="checkbox"/> Collaboration with other institutions (ACS ch 18) | D |
| <input type="checkbox"/> Monitor progress/effectiveness of prevention programs (ACS ch18) | D |
| <input type="checkbox"/> Outreach activities (ACS ch17) | D |
| <input type="checkbox"/> Participation in community prevention activities (ACS 18.1) | D |
| <input type="checkbox"/> Provide public education regarding trauma (ACS 17.1) | D |

TRANSFER AGREEMENTS

- | | |
|---|---|
| <input type="checkbox"/> Transfer agreement with regional trauma center (Level I or II) (33-38-01-13) | E |
| <input type="checkbox"/> Transfer agreement with the following specialties: (33-38-01-13) | |
| <input type="checkbox"/> Burn care | D |
| <input type="checkbox"/> Rehabilitation | D |
| <input type="checkbox"/> Pediatric care | D |
| <input type="checkbox"/> Head/spinal care | D |